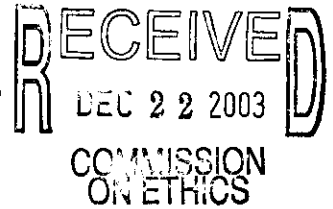


## COMMISSION ON ETHICS

## STATEMENT OF FINANCIAL DISCLOSURE

(Please read instructions on cover sheet before beginning)



1. Name James Anthony Conner
2. Business telephone (optional) 775-753-4602
3. Mailing address 557 Oak Street EIKO 89801  
Street or P.O. Box City Zip
4. Length of residence in Nevada 42 years
5. Length of residence in district elected from (if applicable) 21 years
6. Precinct in which registered to vote.....

## Please check the appropriate box:

7. I am filing this statement as an: ☐ Appointed official ☒ Elected official.
8. This is my: ☐ Initial filing ☒ Annual filing ☐ Candidate filing ☐ End-of-term filing.

## Please complete this section in its entirety:

- 9a. Office sought/held City Council City of EIKO
- 9b. Mailing address of office 1751 College Ave EIKO, NV 89801
- 9c. Date term of office/appointment began or will begin (use a specific date) 7-1-01
- 9d. Date term of office/appointment ends or will end (use a specific date) 7-1-05
- 9e. If appointed, name of appointing authority N/A
- 9f. If appointed, date appointing authority's term ends (use a specific date) N/A
10. Disclose each source of your income or that of any member of your household. No listing of individual clients or patients is required, but if that is the case, a general source such as "professional services" must be disclosed (NRS 281.571(1)(b)). You are **NOT** required to disclose the dollar amount of your income or that of your household members.

## SOURCE

## WHOSE

(Self and household members)

<u>EIKO, County Payroll</u>	<u>Self</u>
<u>City of EIKO</u>	<u>Self</u>
<u>Child Care</u>	<u>wife</u>
<u>Home Interiors</u>	<u>wife</u>

(Attach additional sheets if necessary)

WHITE—COMMISSION COPY; GREEN—FILING OFFICER COPY; PINK—OFFICEHOLDER COPY.

11. Disclose the specific location and particular use of any real estate, **other than your primary personal residence**, in which you or a member of your household has a legal or beneficial interest and whose fair market value is \$2,500 or more and which is located in this state or an adjacent state.

**SPECIFIC LOCATION**

(Specific addresses are required. Give street address or legal description)

**NATURE OF ITS PARTICULAR USE(S)**

(Unimproved vacant land, agricultural land, commercial building, apartments, rental, etc.)

N/A

N/A

(Attach additional sheets if necessary)

12. Disclose the name of each creditor to whom you or a member of your household owes \$5,000 or more, except for: (a) A debt secured by a mortgage or deed of trust on real estate which is not required to be listed under item 11 above; (b) A debt for which a security interest in a motor vehicle for personal use was retained by the seller (NRS 281.571(2)).

**DEBTOR**

**CREDITOR**

NONE

N/A

(Attach additional sheets if necessary)

13. List all gifts, whose value is \$200 or more, which you received during the preceding taxable year except: (a) A gift received from a person who is related to you within the third degree of consanguinity (blood relationship) or affinity (relationship by marriage); (b) Ceremonial gifts received for a birthday, wedding, anniversary, holiday or other ceremonial occasions if the donor does not have a substantial interest in **your** legislative, administrative, judicial or political actions. You must disclose the name of the donor.

**GIFT**

**DONOR**

**VALUE**

N/A

N/A

(Attach additional sheets if necessary)

14. List each business entity in which you or a member of your household is involved in as a trustee, beneficiary of a trust, director, officer, owner (whole or in part), limited or general partner or holder of any class of stock or security representing 1 percent or more of the total outstanding stock or securities issued by the business entity.

**WHO**

**BUSINESS ENTITY**

N/A

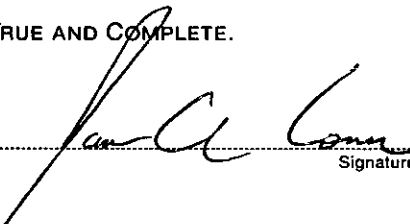
N/A

(Attach additional sheets if necessary)

THE INFORMATION CONTAINED IN THIS DOCUMENT IS TRUE AND COMPLETE.

11-29-03

Date

  
Signature